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STATEMENT UNDER 37 CFR 3.73(b) Applicant/Patent Owner: Michael D. Hooven			
ntitled: TRANSMURAL ABLATION DEVICE			
AtriCure, Inc. , a Con	rporation		
(Name of Assignee) (Type of	f Assignee, e.g., corporation, partnership, university, govorronont agoncy, etc.)		
ates that it is:			
the assignee of the entire right, title, and interest; or			
an assignce of less than the entire right, title and inten The extent (by percentage) of its ownership interest is the patent application/patent identified above by virtue of eith	%		
An assignment from the inventor(s) of the patent application/pate States Patent and Trademark Office at Real <u>012742</u> , Fr			
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e undersigned (whose title is supplied below) is authorized to act on			
Signature Signature	December 7, 2004 Date		
Renee C. Barthel, Rcg. No. 48,356	(312) 236-8500		
Printed or Typed Name	Telephone number		
Attorney of Record			
Title			

PAGE 4/5 * RCVD AT 12/7/2004 3:52:35 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-2/3 * DNIS:7463371 * CSID:3122368176 * DURATION (mm-ss):02-28

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